

NOT AVAILABLE COPY

| POSITION            | INITIALS | ID NO. | DATE               |
|---------------------|----------|--------|--------------------|
| FEES DETERMINATION  | TSB      | 75831  |                    |
| O.I.P.E. CLASSIFIER |          |        |                    |
| FORMALITY REVIEW    |          | 710180 | 5/11/99<br>12-7-99 |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 1/18/02 |
| 2        | 3/26/02 |
| 3        | 4/16/02 |
| 4        | 5/18/02 |
| 5        | 6/18/02 |
| 6        | 7/18/02 |
| 7        |         |
| 8        |         |
| 9        |         |
| 10       | ✓ ✓ ✓   |
| 11       |         |
| 12       | ✓ ✓ ✓   |
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| 17       | ✓ ✓ ✓   |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here